Fill in this information to identify your case:

Debtor 1: Paola (First Name) — (Middle Name) — Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): First Name — Middle Name — Last Name

United States Bankruptcy Court for the: ________ District of UTAH

Case number (If known) ____________

FILED IN THE UNITED STATES BANKRUPTCY COURT
2017 MAR -2 PM 12:34
DISTRICT OF UTAH
MAIL

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

☐ Married
☑ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

☐ No
☑ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
1465 W Brookbury Way 201 (Number Street) Taylorsville 84123 (City State ZIP Code)	From 09/01/2015 To 06/01/2016	☐ Same as Debtor 1 Number Street City State ZIP Code	☐ Same as Debtor 1 From ____ To ____
550 East Green Meadow Unit 12m (Number Street) Murray 84107 (City State ZIP Code)	From 02/01/2014 To 08/30/2015	☐ Same as Debtor 1 Number Street City State ZIP Code	☐ Same as Debtor 1 From ____ To ____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☑ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Paola Vigo-ghersi Case number (if known)______
First Name Middle Name Last Name

4. **Did you have any income from employment or from operating a business during this year or the two previous calendar years?**
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No
☑ Yes. Fill in the details.

	Debtor 1 Sources of income (Check all that apply.)	Debtor 1 Gross income (before deductions and exclusions)	Debtor 2 Sources of income (Check all that apply.)	Debtor 2 Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☑ Wages, commissions, bonuses, tips ☐ Operating a business	$ 9364	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0
For last calendar year: (January 1 to December 31, Yr 2016 YYYY)	☑ Wages, commissions, bonuses, tips ☐ Operating a business	$ 47363	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0
For the calendar year before that: (January 1 to December 31, Yr 2015 YYYY)	☑ Wages, commissions, bonuses, tips ☐ Operating a business	$ 35276	☐ Wages, commissions, bonuses, tips ☐ Operating a business	$ 0

5. **Did you receive any other income during this year or the two previous calendar years?**
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☑ No
☐ Yes. Fill in the details.

	Debtor 1 Sources of income (Describe below.)	Debtor 1 Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income (Describe below.)	Debtor 2 Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		$ 0		$ 0
		$		$
		$		$
For last calendar year: (January 1 to December 31, ______ YYYY)		$ 0		$ 0
		$		$
		$		$
For the calendar year before that: (January 1 to December 31, ______ YYYY)		$ 0		$ 0
		$		$
		$		$

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

☑ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

☑ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other
Creditor's Name Number Street City State ZIP Code		$	$	☐ Mortgage ☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors ☐ Other

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Case number (if known)

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☑ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name Number Street City State ZIP Code		$	$	
Insider's Name Number Street City State ZIP Code		$	$	

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

☑ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name Number Street City State ZIP Code		$	$	
Insider's Name Number Street City State ZIP Code		$	$	

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☑ No
☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title Case number		Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☐ Concluded
Case title Case number		Court Name Number Street City State ZIP Code	☐ Pending ☐ On appeal ☐ Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

☑ No. Go to line 11.
☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name Number Street City State ZIP Code	Explain what happened ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized, or levied.		$
Creditor's Name Number Street City State ZIP Code	Explain what happened ☐ Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized, or levied.		$

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☑ No
☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			$
Number Street			
City State ZIP Code	Last 4 digits of account number: XXXX–		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☑ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?

☑ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			$
			$
Number Street			
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than $600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			$
			$
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 1: **Your PRIORITY Unsecured Claims — Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Total claim** **Priority amount** **Nonpriority amount**

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ❑ No
- ❑ Yes

Last 4 digits of account number __ __ __ __ $____ $____ $____

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of PRIORITY unsecured claim:

- ❑ Domestic support obligations
- ❑ Taxes and certain other debts you owe the government
- ❑ Claims for death or personal injury while you were intoxicated
- ❑ Other. Specify ____

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ❑ No
- ❑ Yes

Last 4 digits of account number __ __ __ __ $____ $____ $____

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of PRIORITY unsecured claim:

- ❑ Domestic support obligations
- ❑ Taxes and certain other debts you owe the government
- ❑ Claims for death or personal injury while you were intoxicated
- ❑ Other. Specify ____

Priority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ❑ No
- ❑ Yes

Last 4 digits of account number __ __ __ __ $____ $____ $____

When was the debt incurred? ____

As of the date you file, the claim is: Check all that apply.

- ❑ Contingent
- ❑ Unliquidated
- ❑ Disputed

Type of PRIORITY unsecured claim:

- ❑ Domestic support obligations
- ❑ Taxes and certain other debts you owe the government
- ❑ Claims for death or personal injury while you were intoxicated
- ❑ Other. Specify ____

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name
Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?

☑ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600	Describe what you contributed	Date you contributed	Value
Charity's Name			$
			$
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☑ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost
			$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☑ No
☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			$
			$
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You			$ $

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- [x] No
- [ ] Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code			$ $

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

- [x] No
- [ ] Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you			
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you			

Debtor 1 Paola Vigo-ghersi Case number (if known)

First Name Middle Name Last Name

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices.*)

☑ No

☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☑ No

☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution Number Street City State ZIP Code	XXXX–__ __ __ __	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_____		$_____
Name of Financial Institution Number Street City State ZIP Code	XXXX–__ __ __ __	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other_____		$_____

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

☑ No

☐ Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		☐ No ☐ Yes

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☑ No
☐ Yes. Fill in the details.

Who else has or had access to it? | Describe the contents | Do you still have it?

Name of Storage Facility
Number Street
City State ZIP Code

Name
Number Street
City State ZIP Code

☐ No
☐ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☑ No
☐ Yes. Fill in the details.

Where is the property? | Describe the property | Value

Owner's Name
Number Street
City State ZIP Code

Number Street
City State ZIP Code

$

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☑ No
☐ Yes. Fill in the details.

Governmental unit | Environmental law, if you know it | Date of notice

Name of site
Number Street
City State ZIP Code

Governmental unit
Number Street
City State ZIP Code

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☑ No
☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code	Governmental unit Number Street City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☑ No
☐ Yes. Fill in the details.

	Court or agency	Nature of the case	Status of the case
Case title Case number	Court Name Number Street City State ZIP Code		☐ Pending ☐ On appeal ☐ Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

☑ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name Number Street City State ZIP Code		EIN: __ __ - __ __ __ __ __ __ __
	Name of accountant or bookkeeper	Dates business existed
		From ____ To ____

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name Number Street City State ZIP Code		EIN: __ __ - __ __ __ __ __ __ __
	Name of accountant or bookkeeper	Dates business existed
		From ____ To ____

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

Business Name	**Describe the nature of the business**	**Employer Identification number** Do not include Social Security number or ITIN.
Number Street		EIN: __ __ - __ __ __ __ __ __ __
	Name of accountant or bookkeeper	**Dates business existed**
City State ZIP Code		From ______ To ______

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☑ **No**
☐ **Yes. Fill in the details below.**

	Date issued
Name	MM / DD / YYYY
Number Street	
City State ZIP Code	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✗ [signature] Signature of Debtor 1 ✗ ______ Signature of Debtor 2

Date 2-28-17 Date ______

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☑ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ No
☑ Yes. Name of person [handwritten name]. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of UTAH

Case number
(If known)

FILED IN THE UNITED STATES BANKRUPTCY COURT
2017 MAR -2 PM 12:33
DISTRICT OF UTAH MAIL

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. *Schedule A/B: Property* (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from *Schedule A/B*	$ 0
1b. Copy line 62, Total personal property, from *Schedule A/B*	$ 1150
1c. Copy line 63, Total of all property on *Schedule A/B*	$ 1150

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)	
2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D*	$ 0
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*	$ 8000
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*	+ $ 29390
Your total liabilities	$ 37390

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I) Copy your combined monthly income from line 12 of *Schedule I*	$ 1353
5. *Schedule J: Your Expenses* (Official Form 106J) Copy your monthly expenses from line 22c of *Schedule J*	$ 2015

Debtor 1 Paola Vigo-ghersi Case number (if known)

First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☑ Yes

7. **What kind of debt do you have?**

- ☑ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. $ 2990

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on *Schedule E/F*, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	$ 0
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 8000
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0
9d. Student loans. (Copy line 6f.)	$ 0
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ $ 0
9g. **Total.** Add lines 9a through 9f.	$ 8000

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation ($245 filing fee, $46 administrative fee, $15 trustee surcharge: Total fee $306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income ($235 filing fee, $46 administrative fee: Total fee $281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization ($1,167 filing fee, $46 administrative fee: Total fee $1,213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman ($200 filing fee, $46 administrative fee: Total fee $246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

UNITED STATES BANKRUPTCY COURT

District Of UTAH

In re Vigo-ghersi, Paola
Debtor

Case No. ______________

Chapter 7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Raiwee Deigh
Printed name and title, if any, of Bankruptcy Petition Preparer
Address:

X ______________________

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

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.
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Paola Vigo-Ghersi
Printed Name(s) of Debtor(s)

Case No. (if known) ______________________

X ______________________ 2-28-17
Signature of Debtor Date

X ______________________
Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case and this filing:

Debtor 1: Paola (First Name) ___ (Middle Name) Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): ___ First Name ___ Middle Name ___ Last Name

United States Bankruptcy Court for the: ___ District of UTAH

Case number ___

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☑ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. ___
Street address, if available, or other description
___
___
City State ZIP Code
___
County

What is the property? Check all that apply.
☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ___

Who has an interest in the property? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $___
Current value of the portion you own? $___

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
___

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number: ___

If you own or have more than one, list here:

1.2. ___
Street address, if available, or other description
___
___
City State ZIP Code
___
County

What is the property? Check all that apply.
☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other ___

Who has an interest in the property? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $___
Current value of the portion you own? $___

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
___

☐ **Check if this is community property** (see instructions)

Other information you wish to add about this item, such as local property identification number: ___

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name
Case number (if known)

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.
- ❑ Single-family home
- ❑ Duplex or multi-unit building
- ❑ Condominium or cooperative
- ❑ Manufactured or mobile home
- ❑ Land
- ❑ Investment property
- ❑ Timeshare
- ❑ Other ______

Who has an interest in the property? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: ______

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $______
Current value of the portion you own? $______

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

❑ Check if this is community property (see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.** .... ➔ $ 0

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**
- ☑ No
- ❑ Yes

3.1. Make:
Model:
Year:
Approximate mileage:
Other information:

Who has an interest in the property? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $______
Current value of the portion you own? $______

If you own or have more than one, describe here:

3.2. Make:
Model:
Year:
Approximate mileage:
Other information:

Who has an interest in the property? Check one.
- ❑ Debtor 1 only
- ❑ Debtor 2 only
- ❑ Debtor 1 and Debtor 2 only
- ❑ At least one of the debtors and another

❑ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property? $______
Current value of the portion you own? $______

3.3. Make: ____
Model: ____
Year: ____
Approximate mileage: ____
Other information:

Who has an interest in the property? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$____	$____

3.4. Make: ____
Model: ____
Year: ____
Approximate mileage: ____
Other information:

Who has an interest in the property? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$____	$____

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories
- ☑ No
- ☐ Yes

4.1. Make: ____
Model: ____
Year: ____
Other information:

Who has an interest in the property? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$____	$____

If you own or have more than one, list here:

4.2. Make: ____
Model: ____
Year: ____
Other information:

Who has an interest in the property? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property.*

Current value of the entire property?	Current value of the portion you own?
$____	$____

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** .... ➔ $ 0

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☑ Yes. Describe.........

Household Items - Principal Residence — $ 500

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☑ No
☐ Yes. Describe.......... $

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☑ No
☐ Yes. Describe.......... $

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☑ No
☐ Yes. Describe.......... $

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☑ No
☐ Yes. Describe.......... $

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No
☑ Yes. Describe..........

Personal Clothing - Principal Residence — $ 650

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☑ No
☐ Yes. Describe.......... $

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☑ No
☐ Yes. Describe.......... $

14. Any other personal and household items you did not already list, including any health aids you did not list

☑ No
☐ Yes. Give specific information. .... $

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .... ➔ $ 1150

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. **Cash**
Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☑ No
☐ Yes .... Cash: .... $

17. **Deposits of money**
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☑ No
☐ Yes .... Institution name:

17.1. Checking account: $
17.2. Checking account: $
17.3. Savings account: $
17.4. Savings account: $
17.5. Certificates of deposit: $
17.6. Other financial account: $
17.7. Other financial account: $
17.8. Other financial account: $
17.9. Other financial account: $

18. **Bonds, mutual funds, or publicly traded stocks**
Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☑ No
☐ Yes .... Institution or issuer name:

$
$
$

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☑ No
☐ Yes. Give specific information about them........

Name of entity:	% of ownership:	
	%	$
	%	$
	%	$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☑ No
☐ Yes. Give specific information about them....................... Issuer name:

$
$
$

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☑ No
☐ Yes. List each account separately.

Type of account:	Institution name:	
401(k) or similar plan:		$
Pension plan:		$
IRA:		$
Retirement account:		$
Keogh:		$
Additional account:		$
Additional account:		$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☑ No
☐ Yes.........................

	Institution name or individual:	
Electric:		$
Gas:		$
Heating oil:		$
Security deposit on rental unit:		$
Prepaid rent:		$
Telephone:		$
Water:		$
Rented furniture:		$
Other:		$

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☑ No
☐ Yes......................... Issuer name and description:

$
$
$

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☑ No
☐ Yes ....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

$
$
$

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☑ No
☐ Yes. Give specific information about them.... $

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☑ No
☐ Yes. Give specific information about them.... $

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☑ No
☐ Yes. Give specific information about them.... $

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☑ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: $
State: $
Local: $

29. **Family support**
Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☑ No
☐ Yes. Give specific information.............

Alimony: $
Maintenance: $
Support: $
Divorce settlement: $
Property settlement: $

30. **Other amounts someone owes you**
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☑ No
☐ Yes. Give specific information.............. $

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☑ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
		$
		$
		$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☑ No

☐ Yes. Give specific information............. $

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☑ No

☐ Yes. Describe each claim. .... $

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☑ No

☐ Yes. Describe each claim. .... $

35. Any financial assets you did not already list

☑ No

☐ Yes. Give specific information........... $

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .... ➔ $

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☑ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☑ No

☐ Yes. Describe....... $

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☑ No

☐ Yes. Describe....... $

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☑ No
☐ Yes. Describe....... $

41. **Inventory**

☑ No
☐ Yes. Describe....... $

42. **Interests in partnerships or joint ventures**

☑ No
☐ Yes. Describe....... Name of entity: % of ownership:

Name of entity	% of ownership	
	%	$
	%	$
	%	$

43. **Customer lists, mailing lists, or other compilations**

☑ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No
☐ Yes. Describe........ $

44. **Any business-related property you did not already list**

☑ No
☐ Yes. Give specific information ....

$
$
$
$
$
$

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** .... ➔ $ 0

Part 6: **Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☑ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. **Farm animals**

Examples: Livestock, poultry, farm-raised fish

☑ No
☐ Yes........................ $

48. **Crops—either growing or harvested**

- [x] No
- [ ] Yes. Give specific information. $

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- [x] No
- [ ] Yes $

50. **Farm and fishing supplies, chemicals, and feed**

- [x] No
- [ ] Yes $

51. **Any farm- and commercial fishing-related property you did not already list**

- [x] No
- [ ] Yes. Give specific information. $

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → $ 0

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**
Examples: Season tickets, country club membership

- [x] No
- [ ] Yes. Give specific information. $ $ $

54. **Add the dollar value of all of your entries from Part 7. Write that number here** → $ 0

Part 8: List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2**		→	$ 0
56. **Part 2: Total vehicles, line 5**	$		
57. **Part 3: Total personal and household items, line 15**	$ 1150		
58. **Part 4: Total financial assets, line 36**	$		
59. **Part 5: Total business-related property, line 45**	$ 0		
60. **Part 6: Total farm- and fishing-related property, line 52**	$ 0		
61. **Part 7: Total other property not listed, line 54**	+ $ 0		
62. **Total personal property.** Add lines 56 through 61.	$ 1150	Copy personal property total →	+ $ 1150
63. **Total of all property on Schedule A/B.** Add line 55 + line 62.			$ 1150

Fill in this information to identify your case:

Debtor 1: Paola (First Name) ____ (Middle Name) Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): ____ (First Name) ____ (Middle Name) ____ (Last Name)

United States Bankruptcy Court for the: ____ District of UTAH

Case number (If known) ____

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*
   - ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
   - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
Brief description: Personal Clothing Line from *Schedule A/B:* ____	$ 650	☐ $ ____ ☑ 100% of fair market value, up to any applicable statutory limit	78-23-5(1)(a)(vii);
Brief description: Household Items Line from *Schedule A/B:* ____	$ 500	☐ $ ____ ☑ 100% of fair market value, up to any applicable statutory limit	78-23-8(1)(a)(ix);78-23-8(1)(b);
Brief description: ____ Line from *Schedule A/B:* ____	$____	☐ $ ____ ☐ 100% of fair market value, up to any applicable statutory limit	

3. **Are you claiming a homestead exemption of more than $160,375?**
   (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
   - ☑ No
   - ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
     - ☐ No
     - ☐ Yes

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption*	Specific laws that allow exemption
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from *Schedule A/B:*	$	❑ $ ❑ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 ______________________________
First Name Middle Name Last Name

Debtor 2 ______________________________
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: __________ District of __________

Case number ______________________________
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. **Do any creditors have claims secured by your property?**
   ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
   ☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A — **Amount of claim** Do not deduct the value of collateral.
Column B — **Value of collateral that supports this claim**
Column C — **Unsecured portion** If any

2.1

Creditor's Name ______________________

Number Street ______________________

____

City State ZIP Code

Describe the property that securesthe claim: $________ $________ $________

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) __________

Date debt was incurred __________

Last 4 digits of account number ___ ___ ___ ___

2.2

Creditor's Name ______________________

Number Street ______________________

____

City State ZIP Code

Describe the property that secures the claim: $________ $________ $________

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim relates to a community debt**

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) __________

Date debt was incurred __________

Last 4 digits of account number ___ ___ ___ ___

Add the dollar value of your entries in Column A on this page. Write that number here: $0

Fill in this information to identify your case:

Debtor 1: Paola (First Name) _____ (Middle Name) Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): _____ (First Name) _____ (Middle Name) _____ (Last Name)

United States Bankruptcy Court for the: __________ District of UTAH

Case number (If known) ______________________

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.
☑ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service	$6000	$6000	$0
2.2 Utah State Tax Commission	$2000	$2000	$0

2.1 Internal Revenue Service
Priority Creditor's Name
Centralized Revenue Service
Number Street
Po Box 7346
Philadelphia PA 19101
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 12/31/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☑ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify Taxes

2.2 Utah State Tax Commission
Priority Creditor's Name
210 North 1950 West
Number Street

Salt Lake City UT 84134
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 12/31/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☑ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify State Tax

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☑ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 12 Rise Credit Of Utah Llc
Nonpriority Creditor's Name
Po Box 101808
Number Street
Fort Worth TX 76185
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___ — $ 2332
When was the debt incurred? 12/22/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Loan

4.2 Advanced Prof Serv
Nonpriority Creditor's Name
860 East 4500 South Suite 302
Number Street
Salt Lake City UT 84107
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___ — $ 800
When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Bill

4.3 Advantage Eye Care
Nonpriority Creditor's Name
7677 Maple St
Number Street
Midvale UT 84047
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___ — $ 151
When was the debt incurred? 08/12/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
☑ No
☐ Yes

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify Medical Bill

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known) ______

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.4

Capital One Bank
Nonpriority Creditor's Name
Po Box 30281
Number Street
Salt Lake City UT 84130
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number 8981

When was the debt incurred? 04/02/2016

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Credit Card

$ 567

4.5

Cbe Group-healthcare
Nonpriority Creditor's Name
131 Tower Park Dr. Suite 100
Number Street
Waterpp IA 50704
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 10/30/2014

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Collections To Ihc Tosh

$ 1944

4.6

Cbe Group-healthcare
Nonpriority Creditor's Name
131 Tower Park Dr.
Number Street
Waterloo IA 50704
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 10/29/2016

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Collections For Ihc

$ 641

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | **Total claim**

4.7

Cbe Group-healthcare
Nonpriority Creditor's Name
131 Tower Park Dr.
Number Street
Waterloo IA 50704
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 10/22/2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Ihc

$ 336

4.8

Cbe Group-healthcare
Nonpriority Creditor's Name
131 Tower Park Dr. Suite 100
Number Street
Waterpp IA 50704
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 10/30/2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

$ 142

4.9

Century Link/qwest Corp
Nonpriority Creditor's Name
Po Box 91155
Number Street
Seatte WA 98111
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 10/16/2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Cable

$ 115

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. — Total claim

4.10

Comcast
Nonpriority Creditor's Name
9602 South 300 West
Number Street
Sandy UT 84070
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ — $ 200

When was the debt incurred? 03/15/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Cable/internet Bill

4.11

Eos Cca
Nonpriority Creditor's Name
Po Box 981008
Number Street
Boston MA 02298
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ — $ 115

When was the debt incurred? 10/16/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Centruy Link

4.12

Epic Emergency Physicians
Nonpriority Creditor's Name
144 South 500 East
Number Street
Salt Lake City UT 84102
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ — $ 203

When was the debt incurred? 12/10/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.13

Express Recovery
Nonpriority Creditor's Name
Po Box 26415
Number Street
Salt Lake City UT 84126
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 01/08/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collect. For U Of U

$ 195

4.14

Express Recovery
Nonpriority Creditor's Name
Po Box 26415
Number Street
Salt Lake City UT 84126
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 01/08/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collect. For U Of U

$ 99

4.15

Express Recovery
Nonpriority Creditor's Name
Po Box 26415
Number Street
Salt Lake City UT 84126
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 03/04/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For St. Marks F. M

$ 102

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. — Total claim

4.16 First Premiere Bank
Nonpriority Creditor's Name
3820 N. Louise Ave
Number Street
Sioux Falls, SD 57107
City State ZIP Code

Last 4 digits of account number 4952 — $ 341

When was the debt incurred? 06/09/16

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Credit Card

4.17 Gbe Group Healthcare
Nonpriority Creditor's Name
131 Tower Park Dr. Suite 100
Number Street
Waterpp IA 50704
City State ZIP Code

Last 4 digits of account number ____ — $ 354

When was the debt incurred? 10/30/2017

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.18 Geico
Nonpriority Creditor's Name
One Geico Center
Number Street
Mawn GA 31296
City State ZIP Code

Last 4 digits of account number 0880 — $ 146

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Car Insurance

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19

Granger Medical Clinic
Nonpriority Creditor's Name
3725 West 4100 South
Number Street
West Valey City UT 84120
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 08/14/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

$ 40

4.20

Granger Medical Clinic
Nonpriority Creditor's Name
3725 West 4100 South
Number Street
West Valey City UT 84120
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 08/14/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

$ 31

4.21

Granger Medical Clinic
Nonpriority Creditor's Name
3725 West 4100 South
Number Street
West Valey City UT 84120
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 08/14/15

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

$ 133

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.22

Green Light Auto
Nonpriority Creditor's Name
Po Box 17556
Number Street
Salt Lake City UT 84117
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

$ 4713

When was the debt incurred? 12/17/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Car Loan

4.23

Ihc
Nonpriority Creditor's Name
5022 State St
Number Street
Muraay UT 84107
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Last 4 digits of account number iple ___ ___ ___

$ 354

When was the debt incurred? 10/30/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.24

Ihc
Nonpriority Creditor's Name
5022 State St
Number Street
Murray UT 84107
City State ZIP Code

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

$ 641

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 10/29/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. — Total claim

4.25

Ihc
Nonpriority Creditor's Name
5022 State St
Number Street
Murray UT 84107
City State ZIP Code

Who incurred the debt? Check one.
- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?
- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

Total claim: $ 142

When was the debt incurred? 10/30/2014

As of the date you file, the claim is: Check all that apply.
- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Bill

4.26

Ihc
Nonpriority Creditor's Name
5022 State St
Number Street
Murray UT 84107
City State ZIP Code

Who incurred the debt? Check one.
- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?
- [x] No
- [ ] Yes

Last 4 digits of account number ___ ___ ___ ___

Total claim: $ 336

When was the debt incurred? 05/22/2014

As of the date you file, the claim is: Check all that apply.
- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical

4.27

Ihc
Nonpriority Creditor's Name
Po Box 30193
Number Street
Salt Lake City UT 84103
City State ZIP Code

Who incurred the debt? Check one.
- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?
- [x] No
- [ ] Yes

Last 4 digits of account number 9481

Total claim: $ 258

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.
- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Medical Bill

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. — Total claim

4.28

Ihc â€“ Tosh
Nonpriority Creditor's Name
5848 S. 300 E.
Number Street
Murray UT 84107
City State ZIP Code

Last 4 digits of account number ____ — $ 1944

When was the debt incurred? 10/30/2014

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical

4.29

Mountain Land Collections
Nonpriority Creditor's Name
Po Box 1280
Number Street
American Fork UT 84003
City State ZIP Code

Last 4 digits of account number ____ — $ 203

When was the debt incurred? 12/10/2013

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Epic Emergency

4.30

Mountain Land Collections
Nonpriority Creditor's Name
Po Box 1280
Number Street
American Fork UT 84003
City State ZIP Code

Last 4 digits of account number ____ — $ 151

When was the debt incurred? 08/12/2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Advantage Eye

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. — Total claim

4.31

Mountain Land Collections
Nonpriority Creditor's Name

Po Box 1280
Number Street

American Fork UT 84003
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

$ 194

When was the debt incurred? 12/10/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Utah Imaging

4.32

Mountain Medical Physicians
Nonpriority Creditor's Name

5323 S Woodrow St #100
Number Street

Murray UT 84123
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

$ 257

When was the debt incurred? 04/21/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

4.33

Mountain West Anesthesis
Nonpriority Creditor's Name

Po Box 660827
Number Street

Dallas TX 75266
City State ZIP Code

$ 1932

Last 4 digits of account number 9023

When was the debt incurred? 11/16/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

Type of **NONPRIORITY** unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

Debtor 1 Paola Vigo-ghersi (First Name / Middle Name / Last Name) Case number (if known) ____

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.34 Murray Finance
Nonpriority Creditor's Name
25331 1h 10 West 101
Number Street
San Antonio TX 78257
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___ — $ 1699

When was the debt incurred? 08/29/2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Loan

4.35 Nar
Nonpriority Creditor's Name
1600 W 2200 S 410
Number Street
West Valley UT 84119
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___ — $ 257

When was the debt incurred? 04/21/2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Mountain Medic

4.36 Ncb Management Services
Nonpriority Creditor's Name
1 Allied Dr
Number Street
Trevose PA 19053
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___ — $ 2332

When was the debt incurred? 12/22/2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For 12 Rise Credit

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.37

Outsource Receivables Mg
Nonpriority Creditor's Name
317 Taylor
Number Street
Ogden UT 84403
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number __ __ __ __

$ 133

When was the debt incurred? 03/15/2016

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Collections For Granger Medica

4.38

Outsource Receivables Mg
Nonpriority Creditor's Name
3017 Taylor
Number Street
Ogden UT 84403
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number __ __ __ __

$ 31

When was the debt incurred? 08/14/2015

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Collections For Granger Medica

4.39

Progressive Leasing
Nonpriority Creditor's Name
10619 S Jordan Gateway Suite 100
Number Street
South Jordan UT 84095
City State ZIP Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another

- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number 2133

$ 1410

When was the debt incurred? 05/26/2016

As of the date you file, the claim is: Check all that apply.

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of **NONPRIORITY** unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify Loan

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.40

Speedy Cash
Nonpriority Creditor's Name
Po Box 780408
Number Street
Wichita KS 67278
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number 6808

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Loc

$ 1500

4.41

St. Marks Family Medicine
Nonpriority Creditor's Name
1200 East 3900 South
Number Street
Salt Lake City UT 84124
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 03/04/2015

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

$ 102

4.42

Stellar Recovery
Nonpriority Creditor's Name
1327 Highway 2 West 100
Number Street
Kalispell MT 59901
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 03/15/2016

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Collections For Comcast

$ 200

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. — Total claim

4.43

T-mobile
Nonpriority Creditor's Name
12920 Se 38th St
Number Street
Bullevue WA 98006
City State ZIP Code

Last 4 digits of account number 8904

When was the debt incurred? 12/24/2015

Total claim: $ 1126

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Cell Phone

4.44

University Of Utah
Nonpriority Creditor's Name
650 Komas Dr. #202
Number Street
Salt Lake City UT 84108
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 01/08/2013

Total claim: $ 99

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

4.45

University Of Utah Healthcare
Nonpriority Creditor's Name
650 Komas Dr. #202
Number Street
Salt Lake City UT 84108
City State ZIP Code

Last 4 digits of account number ___ ___ ___ ___

When was the debt incurred? 1/08/2013

Total claim: $ 195

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

Debtor 1 Paola Vigo-ghersi Case number (if known)
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim**

4.46

Utah Imaging Associates
Nonpriority Creditor's Name
380 North 200 West #209
Number Street
Bountiful UT 84010
City State ZIP Code

Who incurred the debt? Check one.
- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☑ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $ 194

When was the debt incurred? 12/10/2013

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify Medical Bill

☐

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $________

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify________________

☐

Nonpriority Creditor's Name
Number Street
City State ZIP Code

Who incurred the debt? Check one.
- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Last 4 digits of account number ___ ___ ___ ___ $________

When was the debt incurred? ________

As of the date you file, the claim is: Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of **NONPRIORITY** unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify________________

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0
	6b. **Taxes and certain other debts you owe the government**	6b.	$ 8000
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	+ $ 0
	6e. **Total.** Add lines 6a through 6d.	6e.	$ 8000

			Total claim
Total claims from Part 2	6f. **Student loans**	6f.	$ 0
	6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0
	6h. **Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0
	6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ $ 29390
	6j. **Total.** Add lines 6f through 6i.	6j.	$ 29390

Fill in this information to identify your case:

Debtor ______________________________
First Name Middle Name Last Name

Debtor 2 ______________________________
(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: __________ District of __________

Case number ______________________________
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Debtor 1 ______________________________ First Name Middle Name Last Name

Case number (*if known*) ______________________________

Additional Page if You Have More Contracts or Leases

	Person or company with whom you have the contract or lease	What the contract or lease is for
2.6	Name Number Street City State ZIP Code	
2.7	Name Number Street City State ZIP Code	
2.8	Name Number Street City State ZIP Code	
2.9	Name Number Street City State ZIP Code	
2.10	Name Number Street City State ZIP Code	
2.11	Name Number Street City State ZIP Code	
2.12	Name Number Street City State ZIP Code	
2.13	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 Paola (First Name) ____ (Middle Name) Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing) ____ (First Name) ____ (Middle Name) ____ (Last Name)

United States Bankruptcy Court for the: ____ District of UTAH

Case number (If known) ____

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
   - ☑ No
   - ☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
   - ☐ No. Go to line 3.
   - ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
     - ☐ No
     - ☐ Yes. In which community state or territory did you live? ____. Fill in the name and current address of that person.

     ____ Name of your spouse, former spouse, or legal equivalent

     ____ Number Street

     ____ City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D, Schedule E/F, or Schedule G* to fill out Column 2.**

	Column 1: Your codebtor	*Column 2:* The creditor to whom you owe the debt Check all schedules that apply:
3.1	Name Number Street City State ZIP Code	☐ Schedule D, line ____ ☐ Schedule E/F, line ____ ☐ Schedule G, line ____
3.2	Name Number Street City State ZIP Code	☐ Schedule D, line ____ ☐ Schedule E/F, line ____ ☐ Schedule G, line ____
3.3	Name Number Street City State ZIP Code	☐ Schedule D, line ____ ☐ Schedule E/F, line ____ ☐ Schedule G, line ____

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor	*Column 2:* The creditor to whom you owe the debt Check all schedules that apply:
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______
3._ Name Number Street City State ZIP Code	❑ Schedule D, line ______ ❑ Schedule E/F, line ______ ❑ Schedule G, line ______

Fill in this information to identify your case:

Debtor 1: Paola (First Name) ______ (Middle Name) Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): ______ (First Name) ______ (Middle Name) ______ (Last Name)

United States Bankruptcy Court for the: ______ District of UTAH

Case number (If known) ______

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date: ______ MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	☑ Employed ☐ Not employed	☐ Employed ☐ Not employed
Occupation	Underwriter	
Employer's name	SPS	
Employer's address	3717 Decker Lake Dr SLC UT 84119 Number Street City State ZIP Code	Number Street City State ZIP Code
How long employed there?	3.5 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ 2990	$
3. **Estimate and list monthly overtime pay.**	3.	+ $ 0	+ $
4. **Calculate gross income.** Add line 2 + line 3.	4.	$ 2990	$

Debtor 1 Paola (First Name) (Middle Name) Vigo-ghersi (Last Name) Case number (if known)

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here .... →	4.	$ 2990	$
5. **List all payroll deductions:**			
5a. **Tax, Medicare, and Social Security deductions**	5a.	$ 449	$
5b. **Mandatory contributions for retirement plans**	5b.	$ 0	$
5c. **Voluntary contributions for retirement plans**	5c.	$ 186	$
5d. **Required repayments of retirement fund loans**	5d.	$ 0	$
5e. **Insurance**	5e.	$ 43	$
5f. **Domestic support obligations**	5f.	$ 0	$
5g. **Union dues**	5g.	$ 0	$
5h. **Other deductions.** Specify: garnishment	5h.	+ $ 959	+ $
6. **Add the payroll deductions.** Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	$ 1637	$
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 1353	$
8. **List all other income regularly received:**			
8a. **Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0	$
8b. **Interest and dividends**	8b.	$ 0	$
8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0	$
8d. **Unemployment compensation**	8d.	$ 0	$
8e. **Social Security**	8e.	$ 0	$
8f. **Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$ 0	$
8g. **Pension or retirement income**	8g.	$ 0	$
8h. **Other monthly income.** Specify:	8h.	+ $ 0	+ $
9. **Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	$ 0	$

10. **Calculate monthly income.** Add line 7 + line 9.
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. $ 1353 + $ = $1353

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: 11. + $ 0

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies 12. $ 1353
Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
- [x] No.
- [ ] Yes. Explain:

Fill in this information to identify your case:

Debtor 1: Paola (First Name) ___ (Middle Name) Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): ___ (First Name) ___ (Middle Name) ___ (Last Name)

United States Bankruptcy Court for the: ___ District of UTAH

Case number (If known): ___

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date: ___ MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**
   - ☑ No. Go to line 2.
   - ☐ Yes. **Does Debtor 2 live in a separate household?**
     - ☑ No
     - ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2.*

2. **Do you have dependents?** Do not list Debtor 1 and Debtor 2. Do not state the dependents' names.
   - ☑ No
   - ☐ Yes. Fill out this information for each dependent..........................

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☑ No ☐ Yes
		☑ No ☐ Yes
		☑ No ☐ Yes
		☑ No ☐ Yes
		☑ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**
   - ☑ No
   - ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

		Your expenses
4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ 815
If not included in line 4:		
4a. Real estate taxes	4a.	$ 0
4b. Property, homeowner's, or renter's insurance	4b.	$ 0
4c. Home maintenance, repair, and upkeep expenses	4c.	$ 0
4d. Homeowner's association or condominium dues	4d.	$ 0

Debtor 1 Paola Vigo-ghersi (First Name, Middle Name, Last Name) Case number (if known)

			Your expenses
5.	**Additional mortgage payments for your residence,** such as home equity loans	5.	$ 0
6.	**Utilities:**		
	6a. Electricity, heat, natural gas	6a.	$ 75
	6b. Water, sewer, garbage collection	6b.	$ 0
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$ 120
	6d. Other. Specify:	6d.	$ 0
7.	**Food and housekeeping supplies**	7.	$ 450
8.	**Childcare and children's education costs**	8.	$ 0
9.	**Clothing, laundry, and dry cleaning**	9.	$ 25
10.	**Personal care products and services**	10.	$ 50
11.	**Medical and dental expenses**	11.	$ 0
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$ 300
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$ 0
14.	**Charitable contributions and religious donations**	14.	$ 0
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	$ 0
	15b. Health insurance	15b.	$ 0
	15c. Vehicle insurance	15c.	$ 150
	15d. Other insurance. Specify:	15d.	$ 0
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$ 0
17.	**Installment or lease payments:**		
	17a. Car payments for Vehicle 1	17a.	$ 0
	17b. Car payments for Vehicle 2	17b.	$ 0
	17c. Other. Specify:	17c.	$ 0
	17d. Other. Specify:	17d.	$ 0
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$ 0
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	$ 0
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income.***		
	20a. Mortgages on other property	20a.	$ 0
	20b. Real estate taxes	20b.	$ 0
	20c. Property, homeowner's, or renter's insurance	20c.	$ 0
	20d. Maintenance, repair, and upkeep expenses	20d.	$ 0
	20e. Homeowner's association or condominium dues	20e.	$ 0

Debtor 1 Paola Vigo-ghersi Case number (if known)______
First Name Middle Name Last Name

21. **Other.** Specify: ______ 21. +$ 0

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.	22a.	$ 2015
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	$
22c. Add line 22a and 22b. The result is your monthly expenses.	22c.	$

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I.*	23a.	$ 1353
23b. Copy your monthly expenses from line 22c above.	23b.	–$ 2015
23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income.*	23c.	$ -662

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☑ No.
☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1: Paola (First Name) | (Middle Name) | Vigo-ghersi (Last Name)

Debtor 2 (Spouse, if filing): First Name | Middle Name | Last Name

United States Bankruptcy Court for the: District of UTAH

Case number (If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☐ No

☒ Yes. Name of person Rai Nee Deigh. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

✗ [signature]
Signature of Debtor 1

Date 2-28-17
MM / DD / YYYY

✗ ______________________
Signature of Debtor 2

Date ______________
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Paola		Vigo-ghersi
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: ____________ District of UTAH

Case number (If known) ______________________

FILED IN THE UNITED STATES BANKRUPTCY COURT
2017 MAR -2 PM 12:35
DISTRICT OF UTAH
MAIL

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- **creditors have claims secured by your property, or**
- **you have leased personal property and the lease has not expired.**

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. **For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.**

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: ______ Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes
Creditor's name: ______ Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes
Creditor's name: ______ Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes
Creditor's name: ______ Description of property securing debt:	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a *Reaffirmation Agreement*. ☐ Retain the property and [explain]: ______	☐ No ☐ Yes

Debtor 1 Paola Vigo-ghersi
First Name Middle Name Last Name

Case number (*If known*)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes
Lessor's name: Description of leased property:	☐ No ☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

✘ ______________________
Signature of Debtor 1

Date 2 · 28 17
MM / DD / YYYY

✘ ______________________
Signature of Debtor 2

Date ______________
MM / DD / YYYY